

Members

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Rep. Peggy Welch
Rep. John Day
Rep. Craig Fry
Rep. Phil Hoy
Rep. Carolene Mays
Rep. Scott Reske
Rep. Timothy Brown
Rep. Suzanne Crouch
Rep. Richard Dodge
Rep. David Frizzell
Rep. Don Lehe
Sen. Patricia Miller, Vice-Chairperson
Sen. Gary Dillon
Sen. Beverly Gard
Sen. Marvin Riegsecker
Sen. Vaneta Becker
Sen. Connie Lawson
Sen. Ryan Mishler
Sen. Earline Rogers
Sen. Connie Sipes
Sen. Vi Simpson
Sen. Sue Errington

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HEALTH FINANCE COMMISSION

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MEETING MINUTES¹

Meeting Date: September 24, 2008
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington St.,
House Chamber
Meeting City: Indianapolis, Indiana
Meeting Number: 3

Members Present: Rep. Charlie Brown, Chairperson; Rep. John Day; Rep. Craig Fry; Rep. Scott Reske; Rep. Timothy Brown; Rep. Suzanne Crouch; Rep. Richard Dodge; Rep. David Frizzell; Sen. Patricia Miller, Vice-Chairperson; Sen. Gary Dillon; Sen. Beverly Gard; Sen. Ryan Mishler; Sen. Earline Rogers; Sen. Sue Errington.

Members Absent: Rep. Peggy Welch; Rep. Phil Hoy; Rep. Carolene Mays; Rep. Don Lehe; Sen. Marvin Riegsecker; Sen. Vaneta Becker; Sen. Connie Lawson; Sen. Connie Sipes; Sen. Vi Simpson.

The third meeting of the Health Finance Commission was called to order at 1:05 PM by Chairperson Rep. C. Brown. The Chairperson announced the meeting was being webcast and requested that speakers use the microphones provided.

Lead Poisoning Prevention for Child Care Settings

Sen. Beverly Gard discussed SB 43-2008 that when introduced dealt with a range of lead poisoning prevention issues. Prevention in the child care setting was an issue that was deemed

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to need additional scrutiny by the legislature. She commented on the need for prevention requirements that are affordable, fair for all providers, and that provide a safe environment for children.

Joan Duwve, MD, Medical Director, Human Health Services and Preparedness Commission, Indiana State Department of Health

Dr. Duwve testified that the state Childhood Lead Poisoning Prevention Program supports local efforts to identify and provide interventions for children with elevated blood-lead levels. She said that the most common effects of lead exposure are decreased IQ levels and other cognitive and behavioral effects such as inattention, hyperactivity, and learning disabilities. Dr. Duwve stated that there is no safe level of lead exposure for children and that lead exposure causes irreversible, lifelong damage. She added that the best way to protect children from lead poisoning is to identify the problem and control or eliminate lead risks before children are exposed. Dr. Duwve cited various statistics including the number of Medicaid-eligible children being tested for lead exposure, the number of children in out-of-home childcare, and studies of the incidence of lead hazards found in child care settings. (See Handout A for Dr. Duwve's prepared statement.)

In response to a question from Sen. Gard regarding when environmental lead inspections are performed, Dr. Duwve stated that inspections are triggered when a blood-lead test indicates a defined level of exposure of a child. She added that the child's home is tested first and if necessary, other locations where the child spends significant time.

Melanie Brizzi, Consultant, Bureau of Child Care, FSSA

Ms. Brizzi stated that the Bureau's goal is to keep children safe in regulated child care. She testified that the Bureau has concerns about linking mandatory lead inspections and testing to childcare licensure requirements. Ms. Brizzi emphasized that any inspection or testing requirement should be applied fairly and consistently across all childcare provider categories - licensed, registered, license-exempt, and voucher providers. She stated that children need to be equally protected, not just those in licensed care. Ms. Brizzi commented that licensed providers already operate at an economic disadvantage by complying with the existing licensure requirements. She added that funding needs to be available to assist providers with the cost of lead inspection, control, and remediation requirements. Ms. Brizzi asked if the state is prepared to close licensed providers due to lead hazards. She further questioned if there are enough inspectors and trained contractors to perform the control or remediation work that would result from mandatory risk assessment. Ms. Brizzi commented that the Bureau does not know the number of licensed providers that occupy facilities built before 1978 since this data has never been collected during the licensure application process. She said that the Bureau supports blood-lead testing for children. She added that the Bureau supports adequate training for childcare providers regarding lead hazards, and they also support notifying parents of children in child care at locations where a child has tested positive for lead exposure.

Ms. Brizzi responded to Chairperson Brown's question regarding the possibility of an administration proposal with regard to this issue by indicating that they would propose to start lead requirements with licensed childcare providers and voucher providers. She indicated that preschools would not be included in this proposal as they are not regulated or monitored by the Bureau.

Sen. Rogers commented that she objected to the implied reasoning that if the Bureau could not require all childcare settings to test for lead risks, that no requirements should be applied to any

setting. She suggested that this philosophical approach should be abandoned. In response, Ms. Brizzi recommended that registered ministries be included in any proposed requirements. She added that the Bureau's concern is that parents will select cheaper childcare options with poorer quality care than that offered by the licensed providers.

There was further Commission discussion regarding the Department of Environmental Management's Five Star Program, which provides testing and financial assistance with control and remediation costs and the confidentiality of blood-lead-level testing results.

Indra Frank, MD

Dr. Frank identified herself as a member of the Board of Directors of Improving Kid's Environment (IKE), but spoke to a different role. She described a situation in which she was personally involved when her church Sunday school wing was remodeled. Church members expressed concern about her suggestion to test for the presence of lead-based paint due to the implications for the proposed scope of the remodeling project as well as concerns about the potential cost. She personally confirmed the presence of lead-based paint, and the church had problems with the increased cost of remediation. She said that they worked with an inspector from Marion County and performed the required work. She added that with the right inspection requirements, lead-based paint testing and remediation would have been included in the project without the personal prodding of one member.

Commission questions followed with regard to difficulty in finding a contractor trained in lead-safe work practices. Frustration was expressed with regard to the resistance that has been encountered to a proposal that was intended to protect children.

Diana Wallace, Indiana Association for the Education of Young Children

Ms. Wallace expressed disappointment that she continues to speak about not poisoning Indiana's children. She related examples of children exposed to lead and cited articles in the South Bend Tribune regarding a grant and related activities in St. Joseph County. Ms. Wallace commended the legislature for the work that has been done, and she stated that it is time to do more. She suggested that training programs currently required for licensed childcare providers could include information on lead-poisoning risks and prevention. She mentioned that childcare health consultants, county extension agents, local health departments, and the Head Start program could be potential sources of training assistance. She added that the Head Start program requires that all children enrolled be screened for lead poisoning. She suggested that provider training should be detailed and emphasized that providers should encourage parents to have their children tested for lead exposure. Ms. Wallace commented that she would like to see requirements for risk assessment, containment, and remediation. She explained that licensed homes are currently inspected by the state; lead-risk assessment could be added as a part of that inspection process. She stated that the licensed providers should be supported, but that children need to be protected from being lead poisoned.

Rep. Fry commented that adding regulations for licensed care was an uncomplicated approach. He asked how unlicensed facilities could be included in this initiative. Ms. Wallace responded that IDEM and ISDH need to collaborate to make people aware of the hazards related to lead-based paint. She added that the inability to cover all locations should not be allowed to result in paralysis of any action.

Janet McCabe, Executive Director, Improving Kids' Environment

Ms. McCabe testified that lead poisoning continues to affect kids in Indiana; low-income children are disproportionately affected. She addressed the question of whether children are at risk of lead poisoning in day care facilities. She stated that statistics cited by previous speakers demonstrate that there is no reason to believe that day care facilities have less hazards than other similar locations. Ms. McCabe described the findings of a study conducted in 10 licensed childcare homes located in Gary. (See Handout B.) Ms. McCabe explained that the presence of lead-based paint does not automatically equate to exposure. Deterioration of paint that creates chips or dust is what results in the risk of exposure. She added that lead-based paint is not the only source of lead hazards; the residue of once-common gasoline additives that are now banned may still be present in soil. Ms. McCabe defined primary prevention as an action that reduces the hazard before exposure occurs. Secondary prevention is considered to be identification of children already lead-poisoned.

Ms. McCabe commented that hazards cannot be identified if you are not looking for them. She added that childcare provider training for basic lead awareness and regular risk assessments should be considered to be primary prevention activities. (See Handout C.) Ms. McCabe mentioned the Five Star Program conducted by IDEM as a model. She said the program has about 50 day care providers participating. She suggested that some components of this rigorous program may be applicable on a widespread basis.

In response to an earlier question about finding contractors who know how to work safely with lead, Ms. McCabe explained that in 2010, the Environmental Protection Agency will require all contractors performing work in child-occupied settings to have lead-safe work practices training. She confirmed that all homes with children would be considered to be a child-occupied setting.

Karle Johnson, Administrator, Lead Safe & Healthy Homes Program, Marion County

Ms. Johnson testified that the Lead Safe & Healthy Homes program provides systematic code enforcement by way of inspections and subsequent follow-up activities. She explained that lead inspections provide information on where lead is present and that risk assessment needs to be done every 12 months. She also explained that the lead residue in exposed soil in a play area may also be a risk since soil and lead can be tracked into a facility. She stated that most lead problems are found in older homes. The Lead Safe & Healthy Homes program also offers blood-lead testing of children in childcare homes. She stated that the results of a child's blood-lead-level tests are only released to the parents. She added that Marion County Health Department has some funds available that may be used to contain a problem in a facility. Ms. Johnson said that as a parent she would not want a provider unwilling to look for a lead risk. She added that often the problems are fairly inexpensive to repair.

Sen. Dillon asked Ms. Johnson what she meant by inexpensive repairs, especially with regard to how much it would cost to fix an area with elevated lead levels in the soil. She explained that solutions intended to keep the dust down, such as planting grass or mulching, might be sufficient containment depending on the extent of the problem. She added that repairs in a facility might include keeping the paint in good shape or patching a hole in a wall.

Chairperson Brown announced that Secretary Roob would give a Healthy Indiana Plan (HIP) update at the last meeting of the Commission on October 22, 2008. He stated that the Commission requires 12 members in order to take action or to forward legislation with the recommendation of the Commission. He reviewed the subject matters of five currently proposed drafts to be on the agenda for the Commission's consideration and urged members to attend.

Jessaca Turner-Stults distributed a weekly update for the Healthy Indiana Plan. (See Handout D.)

Sen. Errington asked if the advisory committee that was required to be established for HIP had met? Ms. Turner-Stults responded that the committee is supposed to be meeting but due to some confusion regarding the appointments, it has not as yet done so. She said the committee will be convening soon.

Chiropractic and Podiatric Services in the Healthy Indiana Plan

Pat McGuffy, representing the Indiana State Chiropractic Association

Ms. McGuffy commented on a rule being promulgated by FSSA to establish the Healthy Indiana Plan that excludes chiropractors. She testified that the proposed rule does not implement the HIP program in a manner that complies with regularly issued accident and sickness plans as required by the statute. Ms. McGuffy cited the Indiana Code sections that indicate chiropractors may not be excluded from the HIP. (See Handout E.) Ms. McGuffy added that the Indiana State Chiropractic Association had submitted written comments and testified against the exclusion of chiropractors in the rule at the public hearings. She stated that the Association would like to have chiropractic services included in the HIP.

Sen. Miller commented that there were several services included in the HIP statute that the state was not able to offer in the plan due to the federal waiver requirements. She said that the HIP does not include dental or vision services and asked if chiropractic services were excluded during the negotiations with the Centers for Medicare and Medicaid Services for the waiver? Ms. Turner-Stults, FSSA General Counsel, responded that dental, vision, and chiropractic services were excluded from the plan due to the federal budget neutrality requirements. She added that chiropractic services can be covered in the scope of work, but the health plans would have to contract with the chiropractors.

There were additional Commission questions concerning HIP coverage of spinal manipulation if it is performed by a qualified practitioner other than a chiropractor. It was suggested that Ms. Turner-Stults address this question with OMPP or the Secretary of FSSA.

Dr Ferguson, President, International Chiropractor's Association of Indiana

Dr. Ferguson stated that chiropractors have been licensed in Indiana for 55 years and that chiropractic care has been proven effective in study after study. He said that HIP coverage allows osteopaths and MDs to do spinal manipulations and receive compensation while chiropractors who perform most of these services cannot bill the plan. He added that this practice may motivate patients to seek more invasive care. He requested that the Commission require in statute that chiropractors be allowed to participate in HIP.

Glenna Shelby, representing Dr. Richard Stanley, Podiatric Medical Association

Ms. Shelby commented that podiatrists have just become aware that payment of their claims is being denied by one of the HIP providers. She explained that HIP-covered individuals are being required to go to other providers for foot-related diabetic health care while another individual has to see an orthopedic surgeon instead of his podiatrist.

In response to a Commission comment that podiatric care was supposed to be covered in the

HIP plan, Ms. Shelby stated that the problem is not that podiatry is not covered. It may be that one plan provider is not paying the claims for podiatric services.

Chairperson Brown asked that FSSA Secretary Roob respond to the issue of the managed care organization (MCO) contract pharmacy carve-out at the next meeting on October 22, 2008, at 1:00 PM.

The meeting was adjourned at 2:30 PM.